

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

62796

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County **Frederick**
 City or town **State Sanatorium, Md.**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 4/2/45**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 4/2/45**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State **Maryland** County
 City or town **Baltimore**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **834 N. Eutaw**
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Russell E. Allen

3. (b) Social Security Number

None

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Single**
 6. (b) Name of husband or wife
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) **December 2, 1880**
 8. AGE: Years **66** Months **3** Days **4** If less than one day hrs. min.

9. Birthplace **Boston, Mass.**
 (Town, county, and state)
 10. Usual occupation **Fireman**
 11. Industry or business
 12. Name **William Allen**
 13. Birthplace **Ireland**
 14. Maiden name **Katherine Hogan**
 15. Birthplace **Ireland**
 16. Informant **Deceased**

Address
 17. **Burial** Date thereof **Mar. 13, 1947**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory **Blue Ridge**
 Location **Thurmont, Md.**
 18. Funeral director **M. L. Creager & Son**
 Address **Thurmont, Md.**
 19. **March 7** 19 **47**
 (Date rec'd by registrar) Registrar **J. P. Lynn**

MEDICAL CERTIFICATION

20. DATE OF DEATH **March 6** 19 **47** at **8:40 A.M.**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **April 2** 19 **45** to **March 6** 19 **47**
 and that I last saw him alive on **March 6** 19 **47**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **27 Mos.**

Due to
 Due to
 Other conditions
 (Include pregnancy within 8 months of death)

Major findings of operations Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

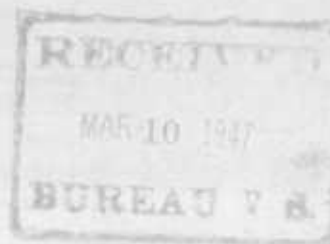
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE **R. W. Baccini** M. D. **State Sanatorium, Md.**
 Address Date signed **3/7/47**

MARGIN RESERVED FOR BINDING

VS A15 9-4515M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

02799

1340

1. PLACE OF DEATH:

County... Frederick
 City or town... Emmitsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 28 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Frederick
 City or town... Emmitsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Frederick Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war... World War # 1

3. (a) FULL NAME

James McSherry Alvey

3. (b) Social Security Number

None

4. Sex... Male 5. Color or race... White 6.(a) Single, married, widowed, or divorced... Married
 6.(b) Name of husband or wife... Masie Sebold Alvey
 6.(c) If alive, give age... 49 years
 7. Birth date of deceased (mo., day, yr.)... June 12, 1896
 8. AGE: Years... 50 Months... 9 Days... 3 If less than one day... hrs. min.

9. Birthplace... Frederick, Frederick county, Md.
 (Town, county, and state)
 10. Usual occupation... Public Accountant

11. Industry or business

12. Name... Frederick Alvey
 13. Birthplace... Hagerstown, Md.
 14. Maiden name... Ann McSherry
 15. Birthplace... Frederick, Md.

16. Informant... Wm. James Alvey
 Address... Emmitsburg, Md.

17. Burial... March 18, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... St. Anthonys Shrine Cemetery
 Location... Emmitsburg, Md. R. D.

18. Funeral director... S. L. Allison
 Address... Emmitsburg, Md.

19. Mar 17 19 47 M. F. Shuff
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 15, 1947 at 11 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to March 15, 1947
 and that I last saw him alive on March 15, 1947

Immediate cause of death... coronary occlusion DURATION... 1/2 hour

Due to... Hypertensive cardiac vascular disease Annual... years

Due to...
 Other conditions... none

(Include pregnancy within 3 months of death)
 Major findings of operations... none Date of op....

Autopsy results... none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... W. D. Cudde M.D. M. D. or other
 Address... Emmitsburg, Md. Date signed... 3-17-47

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MAR 20 1947

BUREAU V 2

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

02800

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 1/25/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
Since 1/25/46
 How long in hospital or institution? Since 1/25/46

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery
 City or town Burtonsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Helen H. Bates
 3. (b) Social Security Number
218-20-0048

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband ~~xxx~~ Ralph W. Bates
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Oct. 31, 1924

 8. AGE: Years Months Days If less than one day
22 4 4 _____ hrs. _____ min.

 9. Birthplace Washington, D.C.
 (Town, county, and state)
10. Usual occupation Housewife

11. Industry or business

 12. Name Richard Morien
 13. Birthplace Washington, D.C.

 14. Maiden name Ivy Davis
 15. Birthplace Richmond, Va.
16. Informant Deceased

Address

 17. Burial Date thereof Mar 6, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Fort Lincoln Cem.Location D.F. Washington, D.C.18. Funeral director W. W. Chambers & Co.

Address

Washington, D.C.
 19. March 6 47
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 19 47 11:25A
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
January 25 19 46 to March 4 19 47
 and that I last saw h. _____ alive on _____ 19 ____

 Immediate cause of death
Pulmonary Tuberculosis DURATION 20 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. L. Breen
 Address State Sanatorium, Md. M. D. xxx
 Date signed 3/5/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coverage is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 7 1947

BUREAU V. S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

02801

1316

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 Mos.

Hospital, institution, or street address where death occurred:

527 North Bentz St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Middletown
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (a) FULL NAME

Margaret Rebecca Bidle

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Charles L. Bidle

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.) Dec. 24, 1867

8. AGE:

Years

Months

Days

If less than one day

7934

hrs.

min.

9. Birthplace

Middletown, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Elias Markov

13. Birthplace

Myersville, Md.

MOTHER

14. Maiden name

Eva Ann Gladhill

15. Birthplace

Middletown, Md.

16. Informant

Raymond Bidle

Address

Mt. Pleasant, Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

3-31-47
(month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Middletown, Md.

18. Funeral director

Gladhill Co.

Address

Middletown, Md.

19. 31 March

(Date rec'd by registrar)

1947

Elizabeth G. Hech

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 28, 1947, at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 1946 to Mar 28 1947
and that I last saw him alive on Mar 24 1947

Immediate cause of death

Carcinoma - Stomach

DURATION

1 yr?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J E Harp Md

M. D. or other

Address

Middletown

Date signed

3-28-47

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APR 2 1947

BUREAU V B.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a

CERTIFICATE OF DEATH

Reg. Dist. No. 02802 1810

1. PLACE OF DEATH:

County FrederickCity or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Fred.City or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)Street No. -
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Ozella K. Bitler

3. (b) Social Security Number

4. Sex f 5. Color or race w 6. (a) Single, married, widowed, or divorcedwidowed6. (b) Name of husband or wife Albert S. Bitler7. Birth date of deceased (mo., day, yr.) Oct. 1, 1875 8. (c) If alive, give age - years8. AGE: Years 71 Months 5 Days 27 If less than one day - hrs. - min.9. Birthplace Frederick Co.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Leuris B. Hardy13. Birthplace Fred. Co.14. Maiden name Ellen Barrick15. Birthplace Fred. Co.16. Informant Mrs Wm. PfeifferAddress Walkersville17. Burial Date thereof Mar. 31, 1947
(Burial, cremation, or removal, whichever) (month) (day) (year)Cemetery or crematory Glade CemeteryLocation Walkersville18. Funeral director G. C. BartenAddress Walkersville19. 29 March 1947 Elizabeth G. Hecker
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 19 47, at 3 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 14 19 47 to March 28 19 47and that I last saw him alive on March 27, 47 19 -Immediate cause of death Hypertensive Cardio Vascularrenal disease

DURATION

Due to

Due to

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Samuel C. OsterdayAddress Walkersville, Md. Date signed 3/28/47

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 2 1947

BUREAU V S

1-35

Evidence for the approx. age of deceased is shown on 109 4/15/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02803

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital
2 Weeks

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 19 South Bentz Street
(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME

WILLIAM THOMAS BROWN

3.(b) Social Security Number

None

4. Sex

M

5. Color or race

C

6.(a) Single, married, widowed, or divorced

W

6.(b) Name of husband or wife Katie Speaks

6.(c) If alive, give age.....years

7. Birth date of

deceased (mo., day, yr.)

Unknown Approx. 90

8. AGE:

Years

Months

Days

If less than one day

90

-

-

hrs.

min.

9. Birthplace

Unknown

(Town, county, and state)

10. Usual occupation

Farm Hand

11. Industry or business

FATHER

12. Name

Unknown

13. Birthplace

Unknown

MOTHER

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Mrs. Fannie Dean

Address

19 S. Bentz St., Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

4/3/47

(month) (day) (year)

Cemetery or crematory

Fairview Cemetery
Frederick, Maryland

Location

M. R. Etchison and Son

18. Funeral director

Frederick, Maryland

Address

19. 2 April

(Date rec'd by registrar)

Elizabeth G. Hark

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31st, 19 47, 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 20 19 47 to March 31 19 47
and that I last saw him alive on March 31 19 47

Immediate cause of death

Arterio-sclerotic Cardis-
vascular disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard H. Hark

M. D.

M. D. or other

Address Frederick, Maryland Date signed 4-1-47

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr. B.O. Moore, Jr.

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APR 5 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

02804
Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 Years
Hospital, institution, or street address where death occurred:
City Parking Lot-S. Courth Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 19 South Bentz Street
(If rural, give LOCATION)
2.(a) If veteran, name war... None

3. (a) FULL NAME

Russell Corsey

3. (b) Social Security Number

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced M
6. (b) Name of husband or wife Unknown
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) March 28, 1876
8. AGE: Year 71 Months 0 Day 3 If less than one day
..... hrs. min.

9. Birthplace Frederick County Maryland
(Town, county, and state)
Laborer

10. Usual occupation.....
11. Industry or business.....

FATHER 12. Name Samuel Corsey
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Sarah Walker
15. Birthplace Frederick County Maryland

16. Informant Mrs. William W. Roberts
Address W. South St., Frederick, Md.

17. Burial (Burial, cremation, or somewhat which) Burial Date thereof 4/3/47
(month) (day) (year)
Cemetery or crematory Fairview Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 2 April 19 47 Elizabeth B. Hode
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 31 March 19 47 at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
NEVER 19..... to 19.....
and that I last saw him alive on 31 March 19 47

Immediate cause of death Pulmonary Edema, Acute DURATION 10 minutes

Due to Hypertensive heart disease ? year

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Corley, Jr. M.D.
Deputy Medical Examiner M.D. or other
Address Frederick, Maryland Date signed 3/31/47

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED.

APR 5 1947

BUREAU V B.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifetimeHospital, institution, or street address where death occurred:
West Seventh Street Extd.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. West Seventh Street Extd.
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

GRACE EUGENIA COVELL

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White6. (a) Single, married, widowed, or divorcedMarried6. (b) Name of husband or wife John Covell7. Birth date of deceased (mo., day, yr.) August 19, 18986. (c) If alive, give age 46 years8. AGE: Years 48 Months 7 Days 3 If less than one day
hrs. min.B. Birthplace Frederick County, Maryland
(Town, county, and state)1D. Usual occupation Housewife

11. Industry or business

12. Name Seymore McBride13. Birthplace Frederick County, Maryland14. Maiden name Ada Stine15. Birthplace Frederick County, Maryland16. Informant John CovellAddress Frederick, Maryland17. Burial Date thereof March 25, 1947
(Burial, cremation or removal, which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 24 March 1947 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 19 47 at 3:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 20 19 47 to March 22 19 47
and that I last saw him alive on March 22 19 47Immediate cause of death Coronary of the heart

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jan. Goodman M. D. or otherAddress Frederick Md Date signed 3/24/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

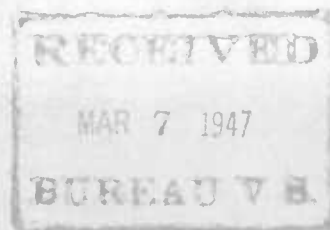
CERTIFICATE OF DEATH

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MAR 25 1947

BUREAU

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1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15-7

CERTIFICATE OF DEATH

02807

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
County.....
City or town **State Sanatorium, Maryland**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **Since 9/11/46**
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? **Since 9/11/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State **Maryland** County.....
City or town **Baltimore**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **321 S. Madeira St.**
(If rural, give LOCATION)
2. (a) If veteran, name war.....

3. (a) FULL NAME
John Cydylo

3. (b) Social Security Number
213-07-3550

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Single**

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) **10/18/1903** 6. (c) If alive, give age..... years

8. AGE: Years **43** Months **5** Days **7** It less than one day..... hrs. min.

9. Birthplace **Hazleton, Pennsylvania**
(Town, county, and state)

10. Usual occupation **Millwright helper**

11. Industry or business.....

12. Name **Jaacob Cydylo**

13. Birthplace **Poland**

14. Maiden name **?**

15. Birthplace **Poland**

16. Informant **Deceased**

Address.....

17. Burial (Burial, cremation, or removal. Which?) **Burial** Date thereof **March 29, 1947**
(month) (day) (year)

Cemetery or crematory **St. Stanislaus**

Location **Balto. Md.**

18. Funeral director **George A. Weber**

Address **705 S. Ann St., Baltimore, Md.**

19. **March 28** 19 **47** Registrar **J. K. Lynn**
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH **March 25** 19 **47** at **11:25 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **September 11** 19 **46** to **March 25** 19 **47**
and that I last saw him alive on **March 25** 19 **47**

Immediate cause of death **Tuberculous Meningitis** DURATION **3 Wks.**

~~XXXX~~ **Pulmonary Tuberculosis** **9 Mos.**

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **R. W. Baccin** M. D. ~~XXXX~~

Address **State Sanatorium, Md.** Date signed **3/27/47**

MARGIN RESERVED FOR BINDING

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VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 29 1947

BUREAU V B

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

Reg. Dist. No. 02808 1310

1. PLACE OF DEATH: Frederick
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....36 hours
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution.....36 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....Maryland County.....Montgomery
 City or town.....German town
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....✓

3. (a) FULL NAME.....Helen Anita Baby Girl Davidson
 3. (b) Social Security Number.....✓

4. Sex.....Female
 5. Color or race.....W
 6. (a) Single, married, widowed, or divorced.....—
 6. (b) Name of husband or wife.....—
 5. (c) If alive, give age.....years
 7. Birth date of deceased (mo., day, yr.).....March 27 1947
 8. AGE: Years.....0 Months.....0 Days.....01 If less than one day.....36 hrs.min.

9. Birthplace.....Frederick City Hospital
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....Hugh Davidson
 13. Birthplace.....Cambridge Md
 14. Maiden name.....Elizabeth Watkins
 15. Birthplace.....Cedar Grove Md

16. Informant.....Hugh Davidson
 Address.....German town Md

17. Burial Date thereof.....March 29 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory.....Salem
 Location.....Cedar Grove Md

18. Funeral director.....Prof W Barber
 Address.....Cambridge Md

19. 25 March 47 Elizabeth G. Hack
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....March 28 1947, at 3:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 27 1947 to March 28 1947
 and that I last saw h.....ER alive on March 27 1947

Immediate cause of death.....Bilateral atelectasis
 DURATION.....2 days

Due to.....Prematurity

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE.....James P. Kerr Mill
 M. D. or other

Address.....Bladensburg, Md. Date signed.....3/28/47

UNITED STATES DEPARTMENT OF HEALTH

CENTRO OF DEATH

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UNITED STATES DEPARTMENT OF HEALTH

UNITED STATES DEPARTMENT OF HEALTH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02809

1. PLACE OF DEATH:

County Frederick
 City or town Frederick City Hospital
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day March 27, 1947
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? 1 day

3. (a) FULL NAME

Ruth Updine
Baby Girl Davidson

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced -

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) March 27, 1947

8. AGE:

Years

Months

Days

If less than one day

0002

hrs.

min.

9. Birthplace

Frederick City Hospital
 (Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematorium

Location

18. Funeral director

Address

19. 27-March 1947

(Date rec'd by registrar)

Elizabeth G. Hech
 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery
 City or town Purcell Farmington Md
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 19 47 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2:30 A.M. March 27, 1947 to 4:30 A.M. March 27, 1947and that I last saw h.e. alive on March 27 19 47Immediate cause of death Prematurity

DURATION

1 1/2 hoursDue to Bilateral atelectasis1 1/2 hours

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

James P. Kern M.D.
Danvers, Md.

M. D. or other

Address

Date signed 3/27/47

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MAR 31 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8-2)

CERTIFICATE OF DEATH

Reg. Dist. No.

02810

1380

1. PLACE OF DEATH:

County Frederick Co MdCity or town New London Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town New London Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Rural
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Merle L. Disney

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Marj Disney

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Aug 12, 1899

8. AGE:

Years

Months

Days

If less than one day

47620

hrs.

min.

9. Birthplace

Frederick Co Md
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Home

12. Name

Terre W. Thomas

13. Birthplace

Frederick Co Md

14. Maiden name

Ollie Gray

15. Birthplace

Montgomery Co Md

16. Informant

Ollie Gray Thomas

Address

New London Md

17. (Burial, cremation, or removal. Which?)

BurialDate thereof March 7, 1947
(month) (day) (year)

Cemetery or crematory

Dorsey Chapel

Location

New London

18. Funeral director

Ray W. Barber

Address

Lyonsville Md19. 3-6

(Date rec'd by registrar)

19. 47Lucian R. Folemon

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1947, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 7, 1946, to Mar 4, 1947and that I last saw him alive on Feb 20, 1947

Immediate cause of death

Cerebral hemorrhage

DURATION

3 hrs

Due to

Arterio Sclerosis5 yrs

Due to

Cerebral Hemorrhage 19433 mo.

Other conditions

Cerebral Hemorrhage 1943

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

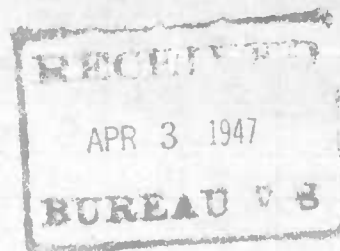
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Ernest P. Roof, Md.New Market, MdDate signed 3-6-47



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

02811

1. PLACE OF DEATH:

County Fredrick
 City or town Fredrick, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 Hours
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution? 6 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME

Jessie Eline

3.(b) Social Security Number

none

4. Sex Fm 5. Color or race white 6.(a) Single, married, widowed, or divorced single
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) August 26, 1890
 8. AGE: Years 56 Months 6 Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Adams Co., Pa.
 (Town, county, and state)
 10. Usual occupation Housekeeper

11. Industry or business

FATHER 12. Name John Eline
 13. Birthplace Unknown
 MOTHER 14. Maiden name Fonnie Caldwell
 15. Birthplace Adams Co, Pa.

16. Informant Max Louis H. Skowron
 Address Emmitsburg, Maryland
 17. burial Date of death March 27, 1947
 (Burial, cremation, or removal-Which?) (month) (day) (year)
 Cemetery or crematory Mt View Cemetery
 Location Emmitsburg, Md.

18. Funeral director H. L. Allison
 Address Emmitsburg, Md.

19. Mar 25 19 47 Elizabeth G Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 19 47 at 10P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 19 47 to March 24 19 47 and that I last saw her alive on March 24 19 47

Immediate cause of death Arterio Sclerotic Cardio-vascular Disease DURATION 5 years.

Due to _____
 Due to _____
 Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Thomas Jr. M.D. M. D. or other
Fredrick, Md. Address Date signed March 25, 1947

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-8

CERTIFICATE OF DEATH

Reg. Dist. No. 1390

02812

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town..... **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 7/1/46**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 7/1/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... **Maryland** County..... **Caroline**
 City or town..... **Preston**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... **Route 1**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME **Albert H. Engle**
 3. (b) Social Security Number **None**

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Widower**
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) **February 17, 1883**
 8. AGE: Years **64** Months **1** Days **3** If less than one day..... hrs. min.

9. Birthplace **Preston, Maryland**
 (Town, county, and state)
 10. Usual occupation **Farmer**
 11. Industry or business
 12. Name **William Engle**
 13. Birthplace **Germany**
 14. Maiden name **Amelia Montague**
 15. Birthplace **Germany**

16. Informant **Irene Engle (daughter)**
 Address **Rt. 1, Preston, Maryland**
 17. **Removal** Date thereof **Mar 22 1947**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory **Spring Hill Cem.**
 Location **Easton, Md.**
 18. Funeral director **M. L. Creager & Son**
 Address **Thurmont, Maryland**
 19. **March 21** 19 **47**
 (Date rec'd by registrar) Registrar **J. D. Lynn**

MEDICAL CERTIFICATION

20. DATE OF DEATH **March 20** 19 **47** at **5:55 P.M.**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **July 1** 19 **46** to **March 20** 19 **47**
 and that I last saw him alive on **March 20** 19 **47**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **14 Mos.**

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE **P. W. Baccin** M. D. **XXXX**
 Address **State Sanatorium, Md.** Date signed **3/21/47**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

Reg. Dist. No.

028131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CornellCity or town New Windsor
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Baby Boy Green

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

✓

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

March 25 - 1947

8. AGE:

Years

Months

Days

If less than one day

0001 hrs.40 min.

9. Birthplace

Frederick Ind. Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Walter Earl Green

13. Birthplace

Wainsboro, W. Va.

MOTHER

14. Maiden name

Doris Evelyn Triple

15. Birthplace

New Windsor, Md.

16. Informant

Address

City Hospital RecordsFrederick, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

March 26 - 1947
(month) (day) (year)

Cemetery or crematory

Winter Cem.

Location

near New Windsor, Maryland

18. Funeral director

Address

D. H. Taylor & Sons
New Windsor & Windsor Bridge

19. 26 March

(Date rec'd by registrar)

19. 47

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1947 at 7:50 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 25 1947 to March 25 1947and that I last saw him alive on March 25 1947

Immediate cause of death

Spontaneous birth

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James P. Marsh

M. D. or other

Address

Westminster MdDate signed 3/25/47

UNITED STATES GOVERNMENT
OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, D. C.
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

02814

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick City
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital
 How long in hospital or institution? 1 day

3. (a) FULL NAME

Baby Boy Green

3. (b) Social Security Number

4. Sex

male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

March 25 - 1947
 8. AGE: Years 0 Months 0 Days 0 If less than one day 3 hrs. _____ min.

9. Birthplace Frederick, Fred. Co. Md.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Walter Earl Green13. Birthplace Wainville - W. Va.14. Maiden name Doris Evelyn Trite15. Birthplace New Windsor, Md.16. Informant City Hospital RecordsAddress Frederick, Maryland

17. Burial Date thereof March 26 - 1947
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Wenters Cem.Location New New Windsor, Md.18. Funeral director O. D. Hartgering & SonsAddress New Windsor & Queen Sts.

19. 26 March 1947 Elizabeth V. Heck
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carmel

City or town New Windsor
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1947 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 25 19 47 to March 25 19 47
 and that I last saw him alive on March 25 19 47

Immediate cause of death

Premature birth

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____

Injured at work? _____

23. SIGNATURE

James T. Marsh
Washington Md
 Address _____ Date signed 3/25/47

M. D. or other

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MAR 27 1947

BUREAU OF

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

02815

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? Since March 5, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 22 West All Saint Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

ESTHER E. GRINAGE

3. (b) Social Security Number

None

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced W
 6. (b) Name of husband or wife William Grinage
 7. Birth date of deceased (mo., day, yr.) January 1, 1893 6. (c) If alive, give age years
 8. AGE: Years 54 Months 2 Days 6 If less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)
 10. Usual occupation School Teacher
 11. Industry or business Public School

12. Name William Wise
 13. Birthplace Frederick County Maryland
 14. Maiden name Mary C. Lewis
 15. Birthplace Carroll County Maryland

16. Informant Mary E. Wise
 Address Frederick, Maryland

17. Burial Date thereof 3/10/47
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Fairview Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 7 March 1947 Elizabeth Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1947 at 5:50 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 5 1947 to March 7 1947
 and that I last saw her alive on March 7 1947

Immediate cause of death Coronary thrombosis

Due to Arteriosclerosis

Due to Diabetes mellitus

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Pearce M. D.
Frederick, Md M. D. or other
 Address Date signed 3/7/47

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MAR 8 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 836

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02816

1. PLACE OF DEATH:

County FredrickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Charles Bernard Harbaugh

3. (b) Social Security Number

no

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

October 18, 1871

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

2552

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or other)

Cemetery or crematorium

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

21 March 1947

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 20, 1947, 2 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 29, 1946 to March 20, 1947
and that I last saw him alive on March 20, 1947

Immediate cause of death

Cerebral thrombosis

DURATION

1 week

Due to

Arterio-sclerosis5 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Bernard James J. D. D.
Fredrick, Md.

M. D. or other

Date signed March 20, 1947

RECEIVED

MAR 22 1947

BUREAU 98

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

02817

1. PLACE OF DEATH:

County... Frederick
 City or town... Rural, Blue Ridge Summit
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 month
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Fredrick
 City or town... Rural, Blue Ridge Summit
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Zolan Calvin Harbaugh

3. (b) Social Security Number

4. Sex... m
 5. Color or race... white
 6.(a) Single, married, widowed, or divorced... married

6.(b) Name of husband or wife... Evelin Agatha (Miller) Harbaugh
 6.(c) If alive, give age... 32 years

7. Birth date of deceased (mo., day, yr.)... January 24, 1905
 8. AGE: Years... 42 Months... 1 Days... 29 If less than one day... hrs. min.

9. Birthplace... Fredrick Co., Md.
 (Town, county, and state)
 10. Usual occupation... Machinest
 11. Industry or business... Machine Co, Waynesborro, Pa.

12. Name... Clemence Harbaugh
 13. Birthplace... Fredrick Co., Md.
 14. Maiden name... Grace E. Miller
 15. Birthplace... Adams Co., Pa.

16. Informant... E. Evelyn A. Harbaugh
 Address... Bluering Summit, Md

17. burial Date thereof... March 24, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... St Jacobs Reform
 Location... Fountaindale, Pa.

18. Funeral director... H. L. Allison
 Address... Fairfield, Pa.

19. March 23 47 M. F. Shuff
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 23 1947 at 4 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... 19...
 and that I last saw him alive on March 23 1947

Immediate cause of death... Third Degree Burn of entire body
 DURATION... 10 min.

Due to...
 Due to...

Other conditions...
 (Include pregnancy within 3 months of death)

Major findings of operations...
 Date of op...

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide... Accident Date of March 23 1947

Where did injury occur? Rural Fredrick Maryland
 (City or town) (County) (State)

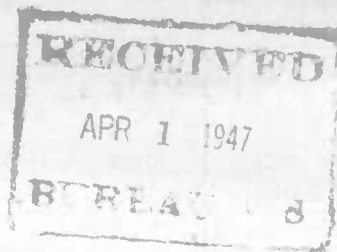
Injured at home, farm, industry, public place (where?) Home
 Means of injury Fire (house) Injured at work? No

Signature... Bernard Thomas Jr. M.D.
 Asst. Deputy Medical Examiner
 Address... Frederick, Md.
 Date signed... March 23, 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2-35-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

02818

Reg. Dist. No. 1310

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 2 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Braddock Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war World War I

3. (a) FULL NAME

JAMES HEINLEIN HARRIS

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Dorothea Wilson Harris

7. Birth date of deceased (mo., day, yr.) June 20, 1898 8. (c) If alive, give age 45 years

8. AGE: Years 48 Months 8 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick, Frederick County, Md.
(Town, county, and state)

10. Usual occupation Wholesale Grocer

11. Industry or business

12. Name James Henry Harris

13. Birthplace Frederick, Maryland

14. Maiden name Laura Heinlein

15. Birthplace Frederick, Maryland

16. Informant Mrs. James Harris

Address Frederick, Maryland

17. Burial Date thereof March 5, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. March 19 47 Elizabeth G. Hoch
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1947 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 22, 1947 to March 3, 1947
and that I last saw him alive on March 3, 1947

Immediate cause of death _____ DURATION _____

Coronary Thrombosis 10 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Howard W. Ark M.C. M. D. or other _____

Address Frederick, Md. Date signed 3/4/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAR 6 1947

BUREAU 78

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02819

1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Montervue HomeHow long in hospital or institution? 3 Mos

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Harmony
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

William H. Hartsock

3. (b) Social Security Number

no

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Clara E. Hartsock6. (c) If alive, give age 77 years

7. Birth date of

deceased (mo., day, yr.) June 6, 1865

8. AGE:

Years

Months

Days

If less than one day

81916

hrs.

min.

9. Birthplace Myersville, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Theophilus Hartsock13. Birthplace Myersville, Md.14. Maiden name Susan Fisher15. Birthplace Myersville, Md.16. Informant Foster HartsockAddress Jessups, Md.17. Burial Date thereof 3-25-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Church Hill - Myersville Md.16. Funeral director Gladden Co.Address Middletown, Md.19. Mar 25 19 47 Elizabeth H. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 19 47 at 11:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jaw 19 47 to Mar 22 19 47and that I last saw him alive on Mar 10 19 47

Immediate cause of death

DURATION

Coronary Occlusion

Due to

suddenly

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? none
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Middletown Date signed 3-23-47

RECEIVED

MAR 27 1947

BUREAU U.S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Fredrick
 City or town Fredrick
 (if outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 64 years
 Hospital, institution, or street address where death occurred:
Visitation Convent
 How long in hospital or institution? 64 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Fredrick
 City or town Fredrick
 (if outside city or town limits, write RURAL and give nearest town)
 Street No. East 2nd St
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3.(a) FULL NAME

Florence May Hendrie

3.(b) Social Security Number

none

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced single
 6.(b) Name of husband or wife _____ 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Dec. 25 1852
 8. AGE: Years 94 Months 2 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore City, Md
 (Town, county, and state)
 10. Usual occupation Sister in Visitation
 11. Industry or business Convent (Religious)
 12. Name Thomas Hendrie
 13. Birthplace unknown
 14. Maiden name Bethiel Jackson
 15. Birthplace unknown
 16. Informant Visitation Convent
 Address Fredrick, Md
 17. Burial Date thereof 3/18/47
 (burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Visitation Convent
 Location Fredrick, Md
 18. Funeral director Harry E. Cantler
 Address Fredrick, Md.
 19. 18 March 19 47
 (Date rec'd by registrar) Registrar Elizabeth G. Heck

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 19 47, at 12-P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 16 19 46 to March 16 19 47
 and that I last saw him alive on March 15 19 47
 Immediate cause of death Acute dilation heart DURATION 24 hours
 Due to _____
 Due to _____
 Other conditions Chronic myocarditis
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Wm M. Smith M.D.
 Address Fredrick, Md Date signed 3-17-47

RECEIVED

MAR 20 1947

1-35

PLEASE WRITE PLAINLY, WITHOUT FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

CERTIFICATE OF DEATH

02821

Reg. Dist. No. 1320

1. PLACE OF DEATH:

County FrederickCity or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 82-7-2

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Charles M. Huffer

3. (b) Social Security Number

no4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Daisy D. Huffer6. (c) If alive, give age 69 years7. Birth date of deceased (mo., day, yr.) December 28, 18648. AGE: Years 82 Months 2 Days 28 hrs. _____ min. _____9. Birthplace Middletown Frederick Co., Md.
(Town, county, and state)10. Usual occupation Farm

11. Industry or business

12. Name Jacob Huffer13. Birthplace Middletown, Md.14. Maiden name Ellen Abalt15. Birthplace Middletown, Md.16. Informant Daisy D. HufferAddress Middletown, Md.17. Burial Date thereof 3-29-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Reform CemeteryLocation Middletown, Md.18. Funeral director Blanchard Co.Address Middletown, Md.19. Mar 29 1947 Marie Gladhill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1947 at 3:5 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 46 to Mar 26 1947
and that I last saw him alive on Mar 26 1947

Immediate cause of death _____

DURATION

Cerebral Hemorrhage 3 mo

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J E Harp MD M. D. or otherAddress Middletown Date signed 3-27-47

RECEIVED

APR 1 1947

BUREAU OF

1-35-

Evidence for change of
year of birth shown
on film 8109-3/19/47.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (832)

CERTIFICATE OF DEATH

02822

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town Rural Burkittsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME

Charles S. Huffer

3. (b) Social Security Number

no

4. Sex

Male

5. Color or race

Male

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife Jennie Huffer

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) August 4, 1866 (1866)

8. AGE:

Years

Months

Days

If less than one day

80

7

2

hrs.

min.

9. Birthplace Burkittsville, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER

12. Name

Joseph D. Huffer

13. Birthplace

Burkittsville, Md.

MOTHER

14. Maiden name

Elizabeth Remsburg

15. Birthplace

Middletown, Md.

16. Informant

Garland Huffer

Address

Middletown, Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof 3-8-47
(month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Middletown, Md.

18. Funeral director

Bladhill Co.

Address

Middletown, Md.

19.

7-March 19 47
(Date rec'd by registrar)

Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 19 47 at 1:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 4 19 47, to Mar 6 19 47
and that I last saw him alive on Mar 5 19 47

Immediate cause of death

Cerebral Hemorrhage

DURATION

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? now
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. E. Harp M.D.

M. D. or other

Address Middletown Date signed 3-7-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 11 1947

BUREAU V &

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 1380

1. PLACE OF DEATH: *Frederick*
 County.....
 City or town.....*New Market*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....*50 yrs*
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....*Md* County.....*Frederick*
 City or town.....*New Market*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Annie Etchison Jackson

3. (b) Social Security Number

4

4. Sex.....*Female* 5. Color or race.....*White* 6.(a) Single, married, widowed, or divorced.....*Married*
 8.(b) Name of husband.....*A. Hanson Jackson*
New Market 6.(c) If alive, give age.....*79* years
 7. Birth date of deceased (mo., day, yr.).....*10-28-1876*

8. AGE: Years.....*70* Months.....*4* Days.....*11* If less than one day.....*hrs.*.....*min.*

9. Birthplace.....*New Market Md*
 (Town, county, and state)
 10. Usual occupation.....*Housewife*

11. Industry or business.....

12. Name.....*Bryon Etchison*

13. Birthplace.....*Md*

14. Maiden name.....*Frances Berard*

15. Birthplace.....*Md*

16. Informant.....*A. H. Jackson*

Address.....*New Market Md*

17. *Burial* Date thereof.....*Mar 12-1947*
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory.....*New Market Cemetery*

Location.....*New Market Md*

18. Funeral director.....*W. E. Falconer*

Address.....*New Market Md*

19. *3-11* 19.....*47* *Lucian R. Falconer*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*March 9* 19.....*47* at.....*9* A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan. 9 19.....*45* to.....*March 9* 19.....*47*
 and that I last saw him alive on.....*March 7* 19.....*47*

Immediate cause of death.....*Uremia* DURATION.....*2 wks*

Due to.....*Chronic Interstitial Nephritis*.....*5 yrs.*

Due to.....

Other conditions.....*Diabetes Mellitus*.....*8 yrs*

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*Ernest P. Roof M.D.*
 Address.....*New Market Md.* Date signed.....*3-11-47*

RECEIVED

APR 3 1947

BUREAU V B.

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

02824

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Walkersville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Frederick
 City or town Walkersville
 (If outside city or town limits, write RURAL and give nearest town)

Street No. -
 (If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

Cora J. Jamison

3. (b) Social Security Number

4. Sex f 5. Color or race w 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife John H. Jamison6. (c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) July 25, 1875

8. AGE: Years 71 Months 8 Days 3 It less than one day - hrs. - min.

9. Birthplace Frederick Co.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business -12. Name George W. Best13. Birthplace Fred. Co.14. Maiden name Catherine Cramer15. Birthplace Fred. Co.16. Informant Miss Rena JamisonAddress Walkersville17. Burial Date thereof Mar. 31, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. OlivetLocation Frederick18. Funeral director J. C. BartenAddress Walkersville19. 29 March 19 47 Elizabeth G. Hoch
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 19 47 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1, 1945 19 - to March 28 19 47
 and that I last saw her alive on March 27 19 47

Immediate cause of death

Coronary thrombosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ed Easterday M. D. or otherAddress Walkersville, Md Date signed 3/29/47

RECEIVED

APR 2 1947

BUREAU V B

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 184

CERTIFICATE OF DEATH

Reg. Dist. No. 02825 1310

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

30 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Rural Wolfsville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Rosa C. JOHNSON

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

John W. Johnson6. (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.)

March 26, 1899

8. AGE:

Years 47 Months 11 Days 19 If less than one day _____ hrs. _____ min.9. Birthplace Wolfsville Fred. Co. Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Frank E. Lewis13. Birthplace Wolfsville, Md.14. Maiden name Elizabeth Hurley15. Birthplace Wolfsville, Md.16. Informant John W. JohnsonAddress Wolfsville, Md.17. Burial Date thereof 3-18-47
(Burial, cremation, or removal. Write in) (month) (day) (year)Cemetery or crematory Crossnickel CemeteryLocation Myersville, Md.18. Funeral director McLellan & Co.Address Middlebury, Md.19. 18 March 1947 Elizabeth G. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 March 1947 at 11:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19. _____ to 19. _____and that I last saw her live on 16 March 1947

Immediate cause of death

Generalized peritonitis

DURATION

12 hrs.Due to Gunsight wound30 hr.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Multiple perforations of intestinal tract Date of op. 15 Mar 47

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 14 Mar. '47Where did injury occur? in Wolfsville Frederick Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Gunsight wound Injured at work? No23. SIGNATURE Charles N. Conley, Jr. M.D.County Md. Examiner of DeathAddress Frederick, Md. Date signed 16 Mar. '47

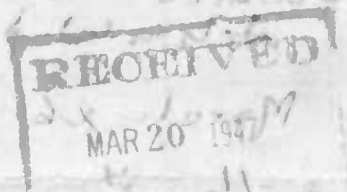
MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Handwritten notes at the top right of the page.

Handwritten notes above the stamp.



Handwritten notes below the stamp, including the word 'RECEIVED' and various numbers and dates.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

02826

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

4 West Fourth Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4 West Fourth Street

(If rural, give LOCATION)

None

2. (a) If veteran, name war

3. (a) FULL NAME

MINNIE M. LENHART

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1869

8. AGE:

Years

Months

Days

If less than one day

77927

hrs.

min.

9. Birthplace Frederick County Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER

12. Name

Henry Lenhart

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Julia Ann Staley

15. Birthplace

Frederick County Maryland

16. Informant

Miss Lillie Lenhart

Address

4 W. 4th St., Frederick, Md.

17. Burial

Date thereof 3/24/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland19. 22 March 1947

(Date rec'd by registrar)

Elizabeth G. Heick

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21st, 1947 at 7 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 9, 1947 to March 21, 1947and that I last saw him alive on March 21, 1947

Immediate cause of death

Terminal uremia

DURATION

3 days

Due to

Coronary Thrombosis12 days

Due to

Hypertensive Cardio-vascular renal disease12 yrs.

Other conditions

Diabetes Mellitus, 10 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D.Address Frederick, Maryland Date signed 3-22-47

RECEIVED

MAR 25 1947

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1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

02827

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

926 N. Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 926 N. Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

CARRIE IRENE KOOGLE LITTLE

3. (b) Social Security Number

None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Female</u>	<u>White</u>	<u>Married</u>

6. (b) Name of husband or wife Francis P. Little6. (c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) March 21, 1881

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>11</u>	<u>10</u>hrs.min.

9. Birthplace Middletown, Frederick County, Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name D. Lewis Koogle13. Birthplace Frederick County, Md.14. Maiden name Ida O. Welker15. Birthplace Frederick County, Md.16. Informant Mr. Francis P. LittleAddress Frederick, Maryland17. Burial Date thereof March 5, 1947
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or ~~crematory~~ St. Johns Catholic CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 4 March 1947 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3rd 1947 at 12:40 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1947 to March 3rd 1947 and that I last saw him alive on March 3rd 1947

Immediate cause of death

DURATION

2 mo.Due to Acute Coronary ThrombosisDue to ArteriosclerosisOther conditions Hypertension

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE A. Gusten Pearre M.D. M. D. or otherAddress Frederick, Md. Date signed 3/4/47

CERTIFICATE OF DEATH

RECEIVED

MAR 6 1947

BUFFALO 8

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1246)

CERTIFICATE OF DEATH

Reg. Dist. No. 02828 1310

1. PLACE OF DEATH

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Mt. Airy Route 2
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION) V

2.(a) If veteran, name war _____

3.(a) FULL NAME

Long Robert F.

3.(b) Social Security Number

4. Sex Male 5. Color or race W 6.(a) Single, married, widowed, or divorced

6.(b) Name of ~~husband~~ or wife Emma C. Brandenburg

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1911

6.(c) If alive, give age 27 years

8. AGE: Years 35 Months 5 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace near Libertytown, Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Harvey A. Long

13. Birthplace Frederick Co. Md.

14. Maiden name Sarah Steamer

15. Birthplace Frederick Co. Md.

16. Informant Mrs. Robert F. Long

Address Mt. Airy Md. R.F.D. 2

17. Burial Date thereof Apr. 1, 1947
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Union Chapel

Location near Libertytown Md.

18. Funeral director Burke & Hartyler

Address 2 Woodlboro, Md.

19. 31 March 1947 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 19 47, at 11:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29 19 47 to March 29 19 47

and that I last saw him alive on March 29 19 47

Immediate cause of death Cirrhosis of liver

Due to Sub-acute nephrosis

Due to Myocardia insufficiency

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. A. Pearce M.D.

Address Frederick, Md Date signed 3/29/47

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APR 2 1947

BUREAU 78

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1390

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 2/8/47
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 2/8/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 610 Virginia Ave.
(If rural, give LOCATION)
2. (a) If veteran, name war ✓

3. (a) FULL NAME

Jessie Lovell

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband Norman Lovell 6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) December 22, 1912
8. AGE: Years 34 Months 2 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Alaska, W. Va.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business _____
12. Name John H. Twigg
13. Birthplace Oldtown, Md.
14. Maiden name Dora Goldsborough
15. Birthplace Oldtown, Md.

16. Informant John W. Twigg, Brother
Address 610 Va. Ave., Cumberland, Md.
17. Burial Date thereof Mar. 12, 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Frederick Cemetery
Location Cumberland, Md.
18. Funeral director John J. Hafer
Address Cumberland, Maryland
19. March 10 1947
(Date rec'd by registrar) Registrar J. D. Lynn

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1947 at 3:30 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 8 1947 to March 9 1947
and that I last saw him/her alive on March 9 1947
Immediate cause of death Pulmonary Tuberculosis
DURATION 25 Mos.
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____
23. SIGNATURE R. B. Bacon M. D. State Sanatorium, Md.
Address _____ Date signed 3/10/47

MARGIN RESERVED FOR BINDING

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VS A16 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 12 1947

BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

02830

Reg. Dist. No. 1310

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 years
Hospital, institution, or street address where death occurred:
Maryland State School for the Deaf
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Allegheny
City or town Ellerslie
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____
None ✓

3. (a) FULL NAME JOANN MARIE LOWERY
3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Single

8. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) December 15, 1935
8. (c) If alive, give age _____ years

8. AGE: Years 11 Months 3 Days 7
If less than one day _____ hrs. _____ min.

9. Birthplace Ellerslie, Allegheny County, Md.
(Town, county, and state)

10. Usual occupation School Girl

11. Industry or business _____

12. Name _____

13. Birthplace _____

14. Maiden name Pauline Lowery

15. Birthplace Ellerslie, Maryland

16. Informant Pauline Lowery

Address Ellerslie, Maryland

17. Buried Date thereof March 25, 1947
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Cooks Mills Cemetery

Location Hyndman, Pa.

18. Funeral director H. A. Zeigler

Address Hyndman, Pa.

19. 22 March 1947
(Date rec'd by registrar) Elizabeth G. Hech
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 19 47 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____

and that I last saw h.c.v. deceased March 22 19 47
live on _____

Immediate cause of death Cerebral hemorrhage
DURATION 2 1/2 hours

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Bernard Thomas, M.D.
Asst. Deputy Medical Examiner M. D. or other

Address Frederick, Md. Date signed March 22, 1947

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAR 25 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Reg. Dist. No. 02831 / 32

1. PLACE OF DEATH:

County FrederickCity or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 29 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Dora D. Marker

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced MarriedB.(b) Name of husband or wife Mable F. Marker6.(c) If alive, give age 50 years7. Birth date of deceased (mo., day, yr.) June 9, 18978. AGE: Years 49 Months 9 Days 13 hrs. _____ min.9. Birthplace Middletown Frederick Co. Md.
(Town, county, and state)10. Usual occupation Retired (Grocer)

11. Industry or business

12. Name John H. Marker13. Birthplace Middletown Md.14. Maiden name Bertha Philhower15. Birthplace Middletown Md.16. Informant Mable F. MarkerAddress Middletown, Md.17. Burial Date thereof 3-26-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Union CemeteryLocation Boonsboro, Md.18. Funeral director Bladhill Co.Address Middletown, Md.19. Mar 25 19 47 Marie Bladhill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 19 47 at 9:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 19 45 to Mar 22 19 47 and that I last saw him alive on Mar 17 19 47

Immediate cause of death _____ DURATION _____

Coronary Occlusion Suddenly

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work? _____

23. SIGNATURE J. E. Harp M. D. or other _____Address Middletown Date signed 3-23-47

RECEIVED

MAR 31 1947

BUREAU V B

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 02832 1350

1. PLACE OF DEATH:

County Frederick

City or town Myersville Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town Rural Myersville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Elizabeth Ann Marker

3. (b) Social Security Number

no

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife George W. Marker

7. Birth date of deceased (mo., day, yr.) February 6, 1865

8. AGE: Years 82 Months 1 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Wolfsville Frederick Co. Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Frederick Escora

13. Birthplace Unknown

14. Maiden name Johnson

15. Birthplace Unknown

16. Informant Jennie C. Royer

Address Salbillsville, Md.

17. Full Burial Date thereof 3-19-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Myersville, Md.

18. Funeral director Bladhill Co.

Address Middletown, Md.

19. Mar 19 1947 Fly M. Bittel
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 March 19 47 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from death 19 47 to 19 47

and that I last saw her alive on 16 March 47

Immediate cause of death Coronary Thrombosis DURATION Instant

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Conley Jr. M.D.

Address Fredrick, Md. Date signed 17 Mar 47

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 20 1947

BUREAU V B

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02833

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

South Wisner Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Braddock Heights
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2.(a) If veteran, name war _____

None

3. (a) FULL NAME

ROBERT Johnstone

3. (b) Social Security Number

MC CUTCHEON

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Helen McCullough6. (c) If alive, give age 52 years7. Birth date of deceased (mo., day, yr.) April 16, 1893

8. AGE:

53

Years

11

Months

Days

8

If less than one day

hrs.

min.

9. Birthplace Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation Manufacturer of Concrete11. Industry or business Block12. Name William O. McCutcheon13. Birthplace Philadelphia, Pa.14. Maiden name Annie Strubel15. Birthplace Philadelphia, Pa.16. Informant Mrs. Helen McCutcheonAddress Braddock Heights, Maryland17. Burial Date thereof 3/27/47

(Burial, cremation or removal. Which?)

(month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 25 March 1947
(Date rec'd by registrar)Elizabeth G. Hoch
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 MARCH 1947 at 6:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19 to 19
and that I last saw him live on 24 March 1947

Immediate cause of death

Coronary Thrombosis

DURATION

Instant

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Conley, Jr. M.D.Address Frederick Date signed 30 Mar. '47

RECEIVED

MAR 27 1947

BUREAU F. B.

1-35

Evidence for Change of
age shown on Film
Y109-3/26/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (87d)

CERTIFICATE OF DEATH



02834

Reg. Dist. No. 1320

1. PLACE OF DEATH:

County Frederick
City or town Broad Run near Burkettville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 59 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Frederick
City or town Broad Run near Burkettville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war.

3. (a) FULL NAME

Sarah Ellen Mc Dade

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife Thomas

7. Birth date of deceased (mo., day, yr.) Jan. 3 1858 6. (c) If alive, give age years

8. AGE: Years 89 ~~88~~ Months 2 Days 3 If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name John Grooms

13. Birthplace Germany

14. Maiden name Miriam Eccard

15. Birthplace Maryland

16. Informant Mrs John Mentzer

Address RFD Burkettville MD

17. Burial Date thereof May 9, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union Cemetery

Location Burkettville

18. Funeral director Chas E. D. D. D.

Address Brunswick MD

19. May 7 19 47 Main Marshall
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 19 47 at 7:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 19 47 to May 6 19 47 and that I last saw him alive on May 5 19 47

Immediate cause of death

Cerebral Sclerosis

Due to General Arterio Sclerosis

Dye to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur MD
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. E. Harp MD M. D. or other
Address Middletown Date signed 3-7-47

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

02835

CERTIFICATE OF DEATH

Reg. Dist. No. 1340

1. PLACE OF DEATH:

County... Frederick Co., Emmitsburg
 City or town... Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? About 6 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Frederick
 City or town... Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Agnes McGlannan (Sister Mary Agnes)

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Sister of Charity
 8. (b) Name of husband or wife
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) September 17, 1858
 8. AGE: Years 88 Months 5 Days 28 hrs. min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)
 Teaching
 10. Usual occupation
 11. Industry or business

MOTHER FATHER
 12. Name Thomas McGlannan
 13. Birthplace County Down, Ireland
 14. Maiden name Catherine O'Farrell
 15. Birthplace County Longford, Ireland

16. Informant Sister Rosa, Assistant Emmitsburg
 Address St. Joseph's Central House

17. Burial Date thereof March 17, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Joseph's Private Cemetery
 Location Emmitsburg, Maryland

18. Funeral director S. L. Allison
 Address Emmitsburg, Md.

19. Mar 15 1947
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1947 at 4 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1947 to March 15 1947
 and that I last saw him alive on March 14 1947

Immediate cause of death Arteriosclerotic cardio-vascular disease
 DURATION several years
 Due to
 Due to
 Other conditions

(Include pregnancy within 3 months of death)
 Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE H. P. Cadle M.D. or other
 Address Emmitsburg, Md. Date signed 3-15-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ARTESIAN LEDGER

NO CONTENT

RECEIVED
MAR 20 1947
BUREAU # 2

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02836

Reg. Dist. No. 1440

1. PLACE OF DEATH:

County FrederickCity or town Thurmont, R.F.D.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont, R.F.D.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war No

3. (a) FULL NAME

Mary Ellen Miller.

3. (b) Social Security Number

820-03-4016

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Charles E. Miller.6. (c) If alive, give age 51 years7. Birth date of deceased (mo., day, yr.) April 9, 18968. AGE: Years 50 Months 10 Days 23 It less than one day _____ hrs. _____ min.9. Birthplace Thurmont, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Thurmont Canning Factory12. Name Andrew Brown.13. Birthplace Maryland.14. Maiden name Malinda Dinterman15. Birthplace Maryland.16. Informant Charles E. MillerAddress Thurmont, Md. R.F.D.17. Burial Date thereof March 5, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory United BrethrenLocation Thurmont, Md.18. Funeral director M. L. Creager & SonAddress Thurmont, Md.19. Mar. 3 1947 Blanche S. Epler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1947 8:10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 1946 to March 2 1947 and that I last saw him alive on March 2 1947Immediate cause of death Carcinoma of uterus DURATION 2 yrs.

Due to _____

Due to _____

Other conditions Secondary anemia 6 mos.

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma, cervix of uterus Date of op. July 28, 1946Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. Franklin Birch M. D. or otherAddress Thurmont Md Date signed Mar. 3, 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1947

BUREAU V &

1-35-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/a

02837

CERTIFICATE OF DEATH

Reg. Dist. No. 1410

1. PLACE OF DEATH:

County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
527 Brunswick St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 527 Brunswick St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Ella S. Mirely Minor.

3. (b) Social Security Number

215-18-1038.

4. Sex

F.

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

8. (b) Name of husband or wife

Herbert J Minor

7. Birth date of deceased (mo., day, yr.)

Feb. 24, 1876

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

7112

hrs.

min.

9. Birthplace

Sandy Hook, Wash. Co. Md.
(Town, county, and state)

10. Usual occupation

House Keeper

11. Industry or business

Schnauffer Hospital

FATHER

12. Name

George F. Mirely

13. Birthplace

Wash. Co., Md.

MOTHER

14. Maiden name

Nora Rosina Hammond

15. Birthplace

No history

16. Informant

Mrs. Nancy Houser

Address

5822 Tongue Ave. Balto. 15 Md.

17. Burial

March 15, 1947

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or

Elmwood Cemetery

Location

Shepherdstown, W. Va.

18. Funeral director

James S. Dailey

Address

Harper's Ferry, W. Va.

19. 3-15

1947 Eugenia H. Burke
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March, 12 1947 at 1:30 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7, 1947, to March 12 1947 and that I last saw her alive on March 12 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

5 days

Due to

Chronic Hypertensive Nephritis(?)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. B. Carpenter

M. D. or other

Address

Louettsville, VaDate signed 3/12/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 18 1947

BUREAU V. S.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02838

Reg. Dist. No. 1370

1. PLACE OF DEATH:

County Frederick
City or town Rural - m. Libertytown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 yrs
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Frederick
City or town m. Libertytown
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Walter Ambrose Mont

3. (b) Social Security Number

4. Sex m 5. Color or race w 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Amos V. Bostian

7. Birth date of deceased (mo., day, yr.) Oct 1, 1871 6.(c) If alive, give age _____ years

8. AGE: Years 75 Months 5 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Carroll Co.
(Town, county, and state)

10. Usual occupation farm laborer

11. Industry or business

12. Name Zacharias Mont

13. Birthplace Carroll Co.

14. Maiden name Do not know

15. Birthplace

16. Informant Clarence Bostian

Address Libertytown

17. Burial Date thereof March 12, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Heaven Home

Location m. Union Bridge

18. Funeral director G. E. Baxter

Address Whebersville

19. Nov 18 1947 Geo. D. Cuffman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1947 at 4:40 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 1 1947 to Nov 7 1947

and that I last saw him alive on Nov 7 1947

Immediate cause of death Chronic myocarditis DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Messer M.D. other

Address Polkville Date signed Nov 8

MARGIN RESERVED FOR BINDING

VS-A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 21 1947

BE HEAD 7 8

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

CERTIFICATE OF DEATH

02839

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Middle town
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

ERNEST FRANKLIN MOSS

3. (b) Social Security Number

no

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 17 19428. AGE: Years 4 Months 8 Days 25 It less than one day _____ hrs. _____ min.9. Birthplace Frederick, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Edward F. Moss13. Birthplace Middle town, Md.14. Maiden name Hazel M. Butts15. Birthplace Middle town, Md.16. Informant Edward F. MossAddress Middle town, Md.17. Burial Date thereof 3-15-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Church of God CemeteryLocation Burkittsville, Md.18. Funeral director Challinor Co.Address Middle town, Md.19. 14 March 1947 Elizabeth G. Hatcher
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 MARCH 1947 at 5:25 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19____ to 19____
and that I last saw him in bed alive on 12 March 1947Immediate cause of death Fractured Skull DURATION 1/2 hr.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 12 March '47Where did injury occur? Middle town, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) State Highway # 17Means of injury Auto accident Injured at work? No23. SIGNATURE Charles H. Corley, Jr. M.D.Sup. Med. Examiner M.D. or other
Address Frederick, Md. Date signed 12 Mar. '47

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

[illegible]

549151 2401

Spel, D. *Amphibian*, *Typhlocyba*

RECEIVED

MAR 15 1947

BUREAU OF

[Faint, illegible handwriting]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

CERTIFICATE OF DEATH

Reg. Dist. No. 1370

02840

1. PLACE OF DEATH:

County... FrederickCity or town... Libertytown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... FrederickCity or town... Libertytown
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2(a) If veteran, name war... None

3. (a) FULL NAME

4. Sex... Male5. Color or race... White6. (a) Single, married, widowed, or divorced... Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

71011

hrs.

min.

9. Birthplace

Frederick County, Md
(Town, county, and state)

10. Usual occupation

Merchant

11. Industry or business

General Store

FATHER

12. Name

Edward Noonan

13. Birthplace

Ireland

14. Maiden name

Ellen Riordan

15. Birthplace

Ireland

16. Informant

Mrs Albert Foyle

Address

Libertytown, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

St. Peter's Cemetery

Location

Libertytown, Maryland

18. Funeral director

Powell and Hartler

Address

Libertytown & Woodsboro, Md

19. Date rec'd by registrar

March 2647

19.

Geo. A. Culpna

Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 24 19... 47 at... 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 20 19... 47 to... Mar 24 19... 47and that I last saw him alive on... March 24 19... 47

Immediate cause of death

Cerebral & spinalInflammation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. N. Legg

M. D. or other

Address

Union, BnDate signed... 3-25-47

NOITA

NOITA

RECEIVED

MAR 29 1947

BUREAU 8

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

CERTIFICATE OF DEATH

Reg. Dist. No. 1411

02841

1. PLACE OF DEATH:

County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 years
 Hospital, institution, or street address where death occurred:
25 East C
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 25 East C
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Ida Jane Mull

3. (b) Social Security Number

—

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife J. A. R. Mull7. Birth date of deceased (mo., day, yr.) April 3rd 1856

8. AGE: Years 90 Months 10 Days 29 If less than one day — hrs. — min.

9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name Alfred Hall13. Birthplace Maryland14. Maiden name Unknown15. Birthplace Unknown16. Informant J. C. MullAddress Brunswick Md.17. Burial Date thereof May 5, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory BibleauLocation Cressation Md.18. Funeral director C. H. Feste & BroAddress Brunswick Md.19. Mar. 4 47 Kathryn H. Brown
(Date rec'd by registrar) (Reg.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1947 at 11:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 3 1946 to March 2 1947
 and that I last saw him alive on Feb 26 1947

Immediate cause of death Pharyngeal Cancer

DURATION

10 yrsDue to (Pharyngeal)Due to —Due to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE R. H. SaundersAddress Brunswick Md. Date signed 3/4/47



1-25

2-1410

1-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

02842

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 days
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town near Liberty town
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural (Epish Bridge Rd)
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Edward D. Drew

3. (b) Social Security Number

✓

4. Sex M 5. Color or race Colored 6. (a) Single, married, widowed, divorced

6. (b) Name of husband or wife Sarah M. Dorsey

6. (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) Mar. 2, 1871

8. AGE: Years 76 Months 0 Days 3 It less than one day hrs. min.

9. Birthplace Montgomery Co. Md.
 (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

12. Name Red Drew

13. Birthplace Montgomery Co. Md.

14. Maiden name Ellen Frazier

15. Birthplace Montgomery Co. Md.

16. informant Mrs. Edward D. Drew

Address Union Bridge Rd. P.O. 2

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof Mar 8, 1947
 (month) (day) (year)

Cemetery or crematory John Wesley

Location Liberty town Md.

18. Funeral director Rock & Hartzler

Address 2 Woodsboro, Md.

19. 7 March 1947 Registrar Elizabeth G. Heck

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1947 at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1947 to March 5 1947 and that I last saw him alive on March 4 1947.

Immediate cause of death Atherosclerotic Cardio-vascular Disease DURATION 10 years

Due to congestive heart failure 2 months

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

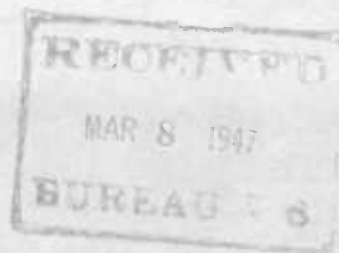
23. SIGNATURE Bernard Thomas Jr. M.D. M. D. or other

Address Frederick, Md. Date signed March 7, 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City or town Ijamsville - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 Years
 Hospital, institution, or street address where death occurred:
Near Urbana
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Ijamsville - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Urbana
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

GUY IGNATIUS PLUNKARD

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Emma Leather
 6. (c) If alive, give age 61 years
 7. Birth date of deceased (mo., day, yr.) June 11, 1882
 8. AGE: Years Months Days If less than one day
64 9 10hrs.min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business Own Farm
 12. Name Pius Plunkard
 13. Birthplace Frederick County Maryland
 14. Maiden name Maggie Engle
 15. Birthplace Frederick County Maryland
 16. Informant Mrs. Emma L. Plunkard
 Address Ijamsville, Md. - R. F. D.
 17. Burial 3/24/47
 (Burial, cremation, or removal: Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland
 19. 22 March 1947
 (Date rec'd by registrar) Elizabeth G. Heck
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21st, 1947, at 11 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 ----- 19----- 10----- 19-----
 and that I last saw him DEAD March 21st, 1947
 Immediate cause of death
Perforation of heart
" " left lung
 Due to Gun shot wound
 Due to _____
 Other conditions _____
 (Include pregnancy within 8 months of death)
 Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Suicide Date of March 21, 1947
 Where did injury occur? Ijamsville Frederick Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Home
 Means of injury Gun shot Injured at work? No
Bernard Thomas J. Deputy Medical Examiner
 23. SIGNATURE _____ M. D. or other
 Address Frederick, Maryland Date signed 3-22-47

RECEIVED

MAR 25 1947

BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

02844
Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
City or town Shurtown Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital
How long in hospital or institution? 32 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Shurtown Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. R.F. 5th
(If rural, give LOCATION)

(a) If veteran, name war

3. (a) FULL NAME

Baby Rotherhoefer

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced ✓

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 3, 19478. AGE: Years 0 Months 0 Days 7 If less than one day 28 hrs. 10 min.9. Birthplace Frederick, Fred C., Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Roger Stride Rotherhoefer13. Birthplace Frederick Co. Maryland14. Maiden name Alise Elizabeth Bare15. Birthplace Frederick Co. Maryland16. Informant William L. Lyle, R.N.Address Emergency Hosp. - Hells, Md.17. Burial Date thereof 3-6-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory MontereyLocation Frederick, Md.18. Funeral director G. C. TroutAddress Monterey - Frederick Co. Maryland19. 6 March 19 47 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1947, 7:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3, 1947 to Mar. 5, 1947
and that I last saw him alive on March 5, 1947Immediate cause of death Prematurity 5 mos.

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

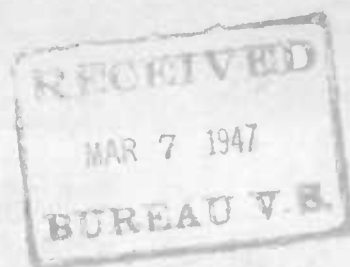
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. J. Baum Jr M. D. or otherAddress Frederick, Md. Date signed 3/5/47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

02845

★ 1310
Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Frederick - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 90 years
 Hospital, institution, or street address where death occurred:
Frederick Co. Emergency Hospital
 How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 710 N. Market St
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Emma Ann Ryan

3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife T. Monroe Ryan
dead 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Oct 17 1856
 8. AGE: Years 90 Months 4 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick, Frederick, Md
 (Town, county, and state)

10. Usual occupation house wife

11. Industry or business

FATHER 12. Name David Young
 13. Birthplace Frederick Co., Md

MOTHER 14. Maiden name Mary Crouse
 15. Birthplace Frederick, Md

16. Informant Mrs. Mary Kline
 Address Frederick, Md

17. Burial Date thereof 3/15/47
 (Burial, cremation, or removal - Which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet
 Location Frederick, Md

18. Funeral director Harry E. Gault Co
 Address Frederick, Md

19. 14 March 19 47
 (Date rec'd by registrar) Elizabeth G. Hock
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12 19 47 at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 15 19 47 to March 12 19 47
 and that I last saw him alive on March 12 19 47

Immediate cause of death Cerebral hemorrhage
 DURATION 2 days

Due to _____

Due to _____

Other conditions Atherosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard H. Hock, M.D.
 M. D. or other _____

Address Frederick, Md Date signed Mar 13, 47

CERTIFICATE OF DEATH

STATE OF MONTANA

MONTANA DEPARTMENT OF HEALTH

RECEIVED

MAR 15 1947

BUREAU OF INVESTIGATION

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 136

CERTIFICATE OF DEATH

02846
Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 8/26/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 8/26/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George
City or town Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)
Street No. 6315 Field St.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Ruth I. Sampson

3. (b) Social Security Number

578-36-5164

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Separated

6.(b) Name of husband ~~xxx~~ Charles J. Sampson

6.(c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) November 1, 1924

8. AGE: Years Months Days If less than one day
22 4 4 hrs. min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual occupation Auditor

11. Industry or business

MOTHER FATHER
12. Name Peter R. Oliver
13. Birthplace Washington, D.C.
14. Maiden name Irene E. Clark
15. Birthplace Washington, D.C.

16. Informant Mrs. Irene E. Oliver (Mother)

Address 6315 Field St., Seat Pleasant, Md.

17. Removal-Burial Date thereof Mar 8, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Congressional Cem.

Location 1801 E. St. S.E. Wash. D.C.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. March 6 47
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 19 47 at 8:55A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 26 19 46 to March 5 19 47
and that I last saw h er alive on March 5 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 14 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. W. Breen M. D. ~~xxx~~

Address State Sanatorium, Md. Date signed 3/5/47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 7 1947

BUREAU V. B.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (835)

CERTIFICATE OF DEATH

★ 02847

Reg. Dist. No. 1411

1. PLACE OF DEATH:

County Fredrick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 yrs
 Hospital, institution, or street address where death occurred:
325 West Potomac
2 yrs
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 325 West Potomac
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Ida Elizabeth Shilling

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widow
 6.(b) Name of husband or wife Joseph E. Shilling
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Aug 28 - 1892
 8. AGE: Years 74 Months 6 Days 22 It less than one day _____ hrs. _____ min.

9. Birthplace Virginia
(Town, county, and state)10. Usual occupation housewife

11. Industry or business

12. Name Jacariah Booth
 13. Birthplace va
 14. Maiden name Mary Nurse
 15. Birthplace md

16. Informant Charles Booth
 Address Brunswick Md

17. Burial Date thereof Mar 23, 1947
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Park Heights
 Location Brunswick Md
C. H. Fute + Son

18. Funeral director C. H. Fute + Son
 Address Brunswick Md

19. March 20 1947 Kathryn H. Brown
 (Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1947 at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____ to _____ 19____
 and that I last saw her dead March 20 1947
live on _____ 19____

Immediate cause of death

Cerebral hemorrhage

DURATION

2 minutesDue to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

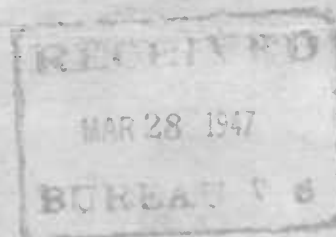
Means of injury

Injured at work?

Bernard Thomas Jr. M.D.
Asst. Deputy Medical Examiner
Fredrick County

23. SIGNATURE _____ A. D. or other

B. Fredrick, Md. Date signed March 20, 47
 Address _____



2-25

2-1410-2-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-2

CERTIFICATE OF DEATH

 02848
 Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
 City or town Qualicum
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2
 Hospital, institution, or street address where death occurred: ?
 How long in hospital or institution? ?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Baltimore City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2017 Walbrook Ave.
 (If rural, give LOCATION)
 2. (a) If veteran, name war ✓

3. (a) FULL NAME

ROGER E. SIGAFOOSE

3. (b) Social Security Number

217-05-0175

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced
 6. (b) Name of husband or wife Margaret Engenhart
 7. Birth date of deceased (mo., day, yr.) Aug 31st 1894
 6. (c) If alive, give age ? years
 8. AGE: Years 52 Months 6 Days 14
 If less than one day ? hrs. ? min.

MEDICAL CERTIFICATION

2D. DATE OF DEATH MARCH 15 1947, at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NEVER 19? to 1947
 and that I last saw him DEAD on 31 March 1947

Immediate cause of death

ExposureDURATION
?

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Charles H. Corley, Jr. M.D.
Deputy Med. Examiner M.D. or other

Address Frederick, Maryland Date signed 31 March '47

9. Birthplace MD
 (Town, county, and state)
 10. Usual occupation Inspector
 11. Industry or business Chemical pigment
 12. Name C. Edward Sigafosse
 13. Birthplace MD
 14. Maiden name Mary Snyder
 15. Birthplace MD
 16. Informant Mrs. Lena Grovel
 Address Brunswick MD
 17. Removal Date thereof Apr 1st 47
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory
 Location Baltimore MD
 18. Funeral director Chas. F. Fetz & Son
 Address Brunswick MD
 19. Apr 1 1947 Kathryn A. Brown
 (Date rec'd by registrar) Registrar

RECEIVED

APR 8 1947

BUREAU OF

Conrad Parsons

2 tickets 4.00

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

02849

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 YearsHospital, institution, or street address where death occurred:
310 West South Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 310 West South Street
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (a) FULL NAME

CALVIN DAVID STEELE

3. (b) Social Security Number

214-10-1753

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Virgie Elstrode6. (c) If alive, give age 43 years7. Birth date of deceased (mo., day, yr.) June 24, 1882

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>6</u> hrs. min.

9. Birthplace Frederick County Maryland
(Town, county, and state)10. Usual occupation Operated Molding Machine11. Industry or business Ox Fibre Brush Company12. Name Isaac Steele13. Birthplace Frederick County Maryland14. Maiden name Alice Rebecca Wilhide15. Birthplace Frederick County Maryland16. Informant Mrs. Virgie SteeleAddress 310 W. South St., Frederick, Md.17. Burial Date thereof 4/1/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 31 March 1947 Elizabeth G. Hetch
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30th, 1947 at 3:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1944 to March 30 1947
and that I last saw him alive on March 30 1947

Immediate cause of death

Carcinoma of colon

DURATION

4 yrs?

Due to

Due to

Other conditions

Hypertension7 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations July 1944 - Carcinoma of colon

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. R. Elchison M. D.Address Frederick, Maryland Date signed 3-31-47

RECEIVED

APR 2 1947

BUREAU OF

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

02850

Reg. Dist. No. 1440

1. PLACE OF DEATH:

County Fredrick
City or town Levinstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Fredrick
City or town Levinstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. no
(If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME

Dorothy Miller Stull

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife J. Newton Stull
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) May 5, 1869
8. AGE: Years 77 Months 10 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Hanoverville, Fred's Co. Md
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name John D. Miller
13. Birthplace Hanoverville, Md

MOTHER 14. Maiden name Juliah Tina Stammers
15. Birthplace Woodsboro, Md

16. Informant Mrs Julia Hillside
Address Levinstown, Md

17. Burial Date thereof May 12, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Fairview
Chesapeake
Location Chesapeake, Md

18. Funeral director M. L. Cramer & Son
Address Thurmont, Md

19. Mar. 17 19 47 Blanche L. Egle
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 19 47 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 5 19 46 to March 14 19 47
and that I last saw him alive on March 6 19 47

Immediate cause of death myocarditis
chronic

DURATION

?

Due to _____

Due to _____

Other conditions arteriosclerosis

?

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. Franklin Birch

M. D. or other

Address Thurmont, Md Date signed March 17, 1947

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 19 1947

BUREAU OF

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

02851

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City or town Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Theodore STULL

3. (b) Social Security Number

4. Sex male 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Bertha Shryock
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 18 1874
 8. AGE: Years 72 Months 8 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER
 12. Name Elijah T. Stull
 13. Birthplace Frederick County
 14. Maiden name Emma T. Heaton
 15. Birthplace Frederick County

16. Informant Wm. Allen Ramo
 Address Walkersville

17. Burial Date thereof Mar 19 1947
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Wm. C. Barton
 Location near Lexington

18. Funeral director Wm. C. Barton
 Address Walkersville

19. 17 March 1947 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 March 1947 at 7:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never 19 to 19
 and that I last saw him live on 16 March 47 19

Immediate cause of death _____ DURATION

Coronary Thrombosis Instant

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Carley Jr. M.D.
Dep. Med. Examiner M.D. or other
 Address Frederick, Md. Date signed 17 Mar. 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 18 1947

BUREAU OF

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

02852

Reg. Dist. No. 1440

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Lewistown- rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 17 years.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Lewistown - rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... No

3. (a) FULL NAME

Thomas Michael Stull

3. (b) Social Security Number

None.

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widowed
 6.(b) Name of husband or wife..... Minnie Smith Stull
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... March 8, 1862
 8. AGE: Years..... 85 Months..... 6 Days..... hrs. min.....

9. Birthplace..... Bethel, Frederick Co., Md
 (Town, county, and state)
 10. Usual occupation..... Retired
 11. Industry or business.....

FATHER
 12. Name..... George Stull
 13. Birthplace..... Bethel, Md.
 MOTHER
 14. Maiden name..... Mary Strafer
 15. Birthplace..... Middletown, Md.

16. Informant..... Mrs Luther Powell
 Address..... Lewistown, Md. R.D.

17. Burial..... Charlesville. Date thereof..... March 16, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory.....
 Location..... Charlesville, Md.

18. Funeral director..... M. L. Creager & Son
 Address..... Thurmont, Md.

19. Mar. 15 19 47 Blanchard J. Eyle
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 14, 1947 at 2:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 12 19 47 to March 14 19 47
 and that I last saw him alive on March 12 19 47

Immediate cause of death..... Cerebral Hemorrhage
 Due to.....
 Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)

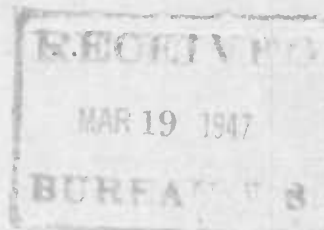
Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of Injury..... Injured at work?

23. SIGNATURE..... James J. Gray M.D.
 Address..... Thurmont, Md. Date signed Mar. 15, 1947
 M. D. or other



1-38

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

02853

Reg. Dist. No. 1310

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 45 Years
Hospital, institution, or street address where death occurred:
202 College Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 202 College Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME SUSAN LAVENIA THOMAS
3. (b) Social Security Number None

4. Sex F
5. Color or race W
6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife C. Newton Thomas

6. (c) If alive, give age 95 years

7. Birth date of deceased (mo., day, yr.) October 4, 1853

8. AGE:
Years 93 Months 5 Days 6
If less than one day
hrs. min.

9. Birthplace Creagerstown-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Philip Mathias

13. Birthplace Frederick County Maryland

14. Maiden name Eleanor Stimmel

15. Birthplace Frederick County Maryland

16. Informant Miss Grace A. Thomas

Address 202 College Ave., Frederick, Md.

17. Burial Burial Date thereof 3/12/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 10 March 1947 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1947 at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1 1947 to Mar 10 1947

and that I last saw her alive on Mar 10 1947

Immediate cause of death

Cerebral Hemorrhage DURATION 12 hr

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

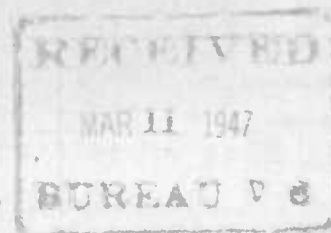
23. SIGNATURE E. Thomas M. D.

Address Frederick, Maryland Date signed 3-10-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 956

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02854

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 314 West South Street
(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

MYRTLE MARIE TOMS

3. (b) Social Security Number

215-20-9698

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife DeHaven S. Toms
6. (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) October 29, 1904
8. AGE: Years 42 Months 4 Days 16 If less than one day
.....hrs.min.

9. Birthplace Lewistown-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Frederick Tailoring Co.

FATHER 12. Name Grant Fogle
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name May Eyler
15. Birthplace Frederick County Maryland

16. Informant DeHaven S. Toms
Address 314 W. South St., Frederick, Md.

17. Burial Date thereof 3/27/47
(Burial, cremation, or removal - Which?) (month) (day) (year)

Cemetery or crematory Utica Cemetery

Location Near Lewistown, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 25 March 47 Elizabeth G. Hede
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25th, 1947 at 1:45A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1, 1946 to March 25, 1947
and that I last saw him/her alive on March 25, 1947

Immediate cause of death Arterio Sclerotic Cardio-Vascular Disease
DURATION 10 years

Due to

Due to

Other condition

(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard M. M. D.
M. D. or other

Address Frederick, Maryland Date signed 3-25-47

MARGIN RESERVED FOR BINDING

I

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 27 1947

BUREAU OF

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

02855

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Home for the AgedHow long in hospital or institution? Since 9-10-40

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Home for the Aged
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

CORA M. WAGNER

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or wife Dr. J. E. Wagner

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 11, 1873

8. AGE:

Years

Months

Days

If less than one day

74019

hrs.

min.

9. Birthplace Nr. Jefferson-Frederick-Maryland
(Town, county, and state)
At Home

10. Usual occupation

11. Industry or business

12. Name Curtis F. Hargett
13. Birthplace Frederick County Maryland14. Maiden name Sarah J. (last name unknown)
15. Birthplace Frederick County Maryland16. Informant Home for the Aged Records
Address Frederick, Maryland17. Burial 4/2/47
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory St. Peters CemeteryLocation Libertytown, Maryland18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland19. 1-April 1947 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30th, 1947 at 9:30 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 12th 1945 to March 30 1947
and that I last saw her alive on March 29th, 1947

Immediate cause of death

Coronary thrombosis

DURATION

1 hourDue to over a
Cardiovascular renal disease long
Due to period

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

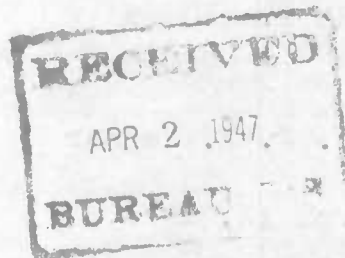
Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

C. H. Conley M. D.
Frederick, Maryland
 Address _____ Date signed 3-31-47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-B)

CERTIFICATE OF DEATH

 ★ 02856
 Reg. Dist. No. 1310

1. PLACE OF DEATH: County..... <u>Frederick</u> City or town..... <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>Lifetime</u> Hospital, institution, or street address where death occurred: <u>8 East Second Street</u> How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Frederick</u> City or town..... <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>8 East Second Street</u> (If rural, give LOCATION) 2.(a) If veteran, name war..... <u>None</u>			
3. (a) FULL NAME <u>CHARLES DORSEY WALKER</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Widowed</u>		MEDICAL CERTIFICATION 2D. DATE OF DEATH..... <u>March 11</u> 19 <u>47</u> at <u>6:15 P. M.</u> 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Mar- 4 -</u> 19 <u>47</u> to <u>Mar- 11 -</u> 19 <u>47</u> and that I last saw him alive on <u>Mar- 10 -</u> 19 <u>47</u> Immediate cause of death..... <u>Cerebral Embolism</u> <u>Hypertension & Arteriosclerosis</u> <u>Mitral Regurgitation</u> Other conditions..... (Include pregnancy within 3 months of death) Major findings of operations..... Date of op..... Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town)..... (County)..... (State)..... Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?..... 23. SIGNATURE..... <u>Otis B. Stone</u> M.D. <u>Liberty Town, Md</u> M. D. or other Address..... Date signed..... <u>Mar 12, 1947</u>	
6. (b) Name of husband or wife <u>Estelle Albaugh Walker</u>							
7. Birth date of deceased (mo., day, yr.) <u>July 31, 1858</u>							
6. (c) If alive, give age years							
8. AGE: Years <u>88</u> Months <u>7</u> Days <u>9</u> If less than one day..... hrs. min.		B. Birthplace <u>Central, Frederick County, Maryland</u> (Town, county, and state)		10. Usual occupation <u>Retired Farmer</u>		11. Industry or business	
FATHER 12. Name..... <u>William W. Walker</u> 13. Birthplace..... <u>Frederick County, Maryland</u>		MOTHER 14. Maiden name..... <u>Mary E. Smith</u> 15. Birthplace..... <u>Frederick County, Maryland</u>		16. Informant <u>Charles E. Walker</u> Address..... <u>Frederick, Maryland</u>			
17. Burial (Burial, cremation, or removal, which?) Cemetery or crematory..... <u>Central Cemetery</u> Location..... <u>Central, Maryland</u>		Date thereof..... <u>March 13, 1947</u> (month) (day) (year)		16. Funeral director <u>C. E. Cline & Son</u> Address..... <u>Frederick, Maryland</u>			
19. 13 March 19 <u>47</u> (Date rec'd by registrar)		<u>Elizabeth G. Heck</u> Registrar					

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CENTROLOGUE OF DEATH

1. DEPARTMENT OF HEALTH

2. DEPARTMENT OF HEALTH

RECEIVED
MAR 15 1947
BUREAU OF S.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 Years
 Hospital, institution, or street address where death occurred:
911 North Market Street
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 911 North Market Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

CLARENCE ORLANDO WARFEL

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Lizzie M. Lillard
 6. (c) If alive, give age..... years

7. Birth date of October 31, 1869
 deceased (mo., day, yr.)

8. AGE: Years 77 Months 4 Days 1 If less than one day
 hrs. min.

9. Birthplace Lancaster-Lancaster-Pennsylvania
 (Town, county, and state)

10. Usual occupation Telegraph Operator

11. Industry or business B & O Railroad Co.

12. Name David Warfel

13. Birthplace Lancaster County Pennsylvania

14. Maiden name Elizabeth Ann Doersch

15. Birthplace Lancaster County Pennsylvania

16. Informant Mrs. Edna W. Allnut

Address 1489 Newton St., Washington, D.C.

17. Burial 3/5/47
 (Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 4 March 1947 Elizabeth H. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2nd, 1947 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 28 to March 2 1947

and that I last saw him alive on March 2 1947

Immediate cause of death.....

Due to Acute Coronary Thrombosis

Due to Arteriosclerosis

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE A. A. Pearce M. D.

Address Frederick, Maryland M. D. or other

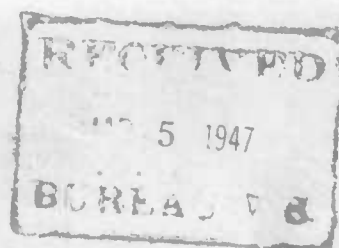
Date signed 3-3-47

MARGIN RESERVED FOR BINDING

VS A15

9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02858

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Lewistown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war _____
None

3. (a) FULL NAME

EDGAR STALEY WELLER

3. (b) Social Security Number

None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Male</u>	<u>White</u>	<u>Widowed</u>

B. (b) Name of husband or wife _____

B. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 8, 1882

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>7</u>	<u>22</u>	_____ hrs. _____ min.

9. Birthplace Frederick, Frederick County, Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business _____

12. Name John M. Weller13. Birthplace Staunton, Virginia14. Maiden name Olivia M. Staley15. Birthplace Frederick County, Maryland16. Informant Mrs. E. C. ValentineAddress Frederick, Maryland17. Burial March 4, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryFrederick, Maryland

Location _____

18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 4 March 1947 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2nd 1947 at 9:15 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never 1947 to 1947
end that I last saw him in bed 2 March 1947
live orImmediate cause of death Fracture base of skull
DURATION 4 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 26 Feb '47Where did injury occur? Lewistown Frederick Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Fell down steps Injured at work? No23. SIGNATURE Charles N. Conley Jr. M.D.Dep. Med. Examiner M.D. or other _____Address Frederick, Md. Date signed 4 Mar '47

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAR 6 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
wife's age: Delayed Birth
Certificate #4204 on file here
5/22/47 dm

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 512

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02859

1. PLACE OF DEATH:

County... Frederick
City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?... Lifetime
Hospital, institution, or street address where death occurred:
13-A N. Jefferson Street
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick
City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 13-A North Jefferson St.
(If rural, give LOCATION)
2.(a) If veteran, name war... None

3. (a) FULL NAME

JOHN LION WILSON

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Lillian Rothenhoefer Wilson

7. Birth date of deceased (mo., day, yr.) July 4, 1866 8.(c) If alive, give age 53* 47- years

8. AGE: Years 80 Months 8 Days 11 It less than one day
.....hrs.min.

9. Birthplace Nr. Ridgeville, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation Retired B. & O. Railroad Engineer

11. Industry or business

12. Name Henry B. Wilson

13. Birthplace Union Bridge, Maryland

14. Maiden name Martha L. Watkins

15. Birthplace Kemptown, Maryland

16. Informant Mrs. John L. Wilson

Address Frederick, Maryland

17. Burial (Burial, cremation, or removal, which?) Date thereof March 18, 1947
(month) (day) (year)

Cemetery or crematory Frederick Memorial Park

Location Linden Hills, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 15 March 47 Elizabeth G. Heich
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 19 47 at 9:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 6 19 47 to March 15 19 47

and that I last saw him alive on March 14 19 47

Immediate cause of death Contraction heart failure

Due to Carcinoma of prostate

Other conditions

Major findings of operations.....

Physician: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. Thomas M. D. or other

Address Frederick, Md Date signed 3/15/47

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
MAR 18 1947
BUREAU V B

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02860 134

1. PLACE OF DEATH:

County.....Frederick
 City or town.....Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....Seven years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Frederick
 City or town.....Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....121 De Paul Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Joseph Francis Wivell

3. (b) Social Security Number

None

4. Sex.....Male 5. Color or race.....White 6. (a) Single, married, widowed, or divorced.....Widowed
 8. (b) Name of husband or wife.....Mary Linge
 7. Birth date of deceased (mo., day, yr.).....July 22, 1868 8. (c) If alive, give age..... years
 8. AGE: Years.....78 Months.....7 Days.....27 If less than one day..... hrs. min.

9. Birthplace.....Frederick County, Md.
 (Town, county, and state)
 10. Usual occupation.....Retired farmer
 11. Industry or business.....

12. Name.....William J. Wivell
 13. Birthplace.....Carroll Co., Md.
 14. Maiden name.....Drucella Baker
 15. Birthplace.....Frederick Co., Md.

16. Informant.....William H Wivell
 Address.....Emmitsburg, Md. R.D.

17. Burial..... Date thereof.....Mar. 21, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory.....St. Joseph's Catholic
 Location.....Emmitsburg, Md.

18. Funeral director.....S. L. Allison
 Address.....Emmitsburg, Md.

19. Mar 20 1947 W. R. Shupp
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....March 19, 1947 at 6:45 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19, 1944 to March 19, 1947 and that I last saw him alive on March 18, 1947
 Immediate cause of death.....Cerebral hemorrhage DURATION.....8 days
 Due to.....Hypertensive cardiac vascular disease second year
 Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....none Date of op.....
 Autopsy results.....none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE.....W. R. Caddle M.D. M. D. or other
 Address.....Emmitsburg, Md. Date signed.....3-19-47

RECEIVED

MAR 22 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

CERTIFICATE OF DEATH

02861

Reg. Dist. No. 134

I. PLACE OF DEATH:

County Frederick
 City or town Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war no

3. (a) FULL NAME

Mary Anne Elizabeth Winell

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

July 26, 1857

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

89729

hrs.

min.

9. Birthplace

Emmitsburg, Fred. Co., Md.
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

W. J. Winell

13. Birthplace

Maryland

MOTHER

14. Maiden name

Annella Baker

15. Birthplace

Maryland

16. Informant

Miss Adele Winell

Address

Emmitsburg, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Mar. 28, 1947
(month) (day) (year)

Cemetery or crematory

St. Joseph's

Location

Emmitsburg, Md.

18. Funeral director

M. E. Creager & Son

Address

Thurmont, Md.

19. Mar 28 47

(Date rec'd by registrar)

M. F. Shuff
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 19 47 at 10:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1926 to March 25, 1947
and that I last saw him alive on March 24 19 47

Immediate cause of death

Arteriosclerotic cardio-vascular disease - several years

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. R. Cadle M.D.

M. D. or other

Address

Emmitsburg, Md.Date signed 3-25-47

RECEIVED

MAR 29 1947

BUREAU

1-38

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 130

CERTIFICATE OF DEATH

02862

★ DC
Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 1/27/47
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 1/27/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County _____
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2204 Fleet St.
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Adam Wojtysiak

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of deceased's wife Ida Wojtysiak

6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) November 1, 1888

8. AGE: Years 58 Months 4 Days 13 It less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Barber

11. Industry or business _____

12. Name John Wojtysiak

13. Birthplace Poland

14. Maiden name Lena Akvert

15. Birthplace Poland

16. Informant Mrs. Ida Wojtysiak (wife)

Address 2204 Fleet St., Baltimore, Md.

17. Burial Date thereof 3/18/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery St. Stanislaus

Location Baltimore, Maryland

18. Funeral director George A. Weber

Address 705 S. Ann St., Baltimore, Md.

19. March 15 19 47
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 19 47 at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 27 19 47 to March 14 19 47 and that I last saw him alive on March 14 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 15 Mos.

Due to _____

Due to _____

Other conditions Diabetes Mellitus 20 Yrs.
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. C. Bacci M. D. XXXX

Address State Sanatorium, Md. Date signed 3/15/47

MARGIN RESERVED FOR BINDING

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9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 17 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

02863

CERTIFICATE OF DEATH

Reg. Dist. No. 1440

1. PLACE OF DEATH:

County Frederick
 City or town Foxville - rural
 (If outside city or town limits, write RURAL and give nearest town)
66 years
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Foxville - rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war No

3. (a) FULL NAME

Maurice Hampton Wolfe.

3. (b) Social Security Number

213-18-0784

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Sadie Smith Wolfe
 6.(c) If alive, give age 47 years
 7. Birth date of deceased (mo., day, yr.) March 18, 1880
 8. AGE: Years 66 Months 11 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Foxville, Frederick Co., Md.
 (Town, county, and state)
 10. Usual occupation Carpenter
 11. Industry or business Employee- Landis Tool Co.
 12. Name Hiram Wolfe
 13. Birthplace Garfield, Frederick Co., Md.
 14. Maiden name Mary Gordon
 15. Birthplace Garfield, Frederick Co., Md.

16. Informant Mrs. Sadie Wolfe
 Address Lantz, Maryland.

17. Burial March 5, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mount Moriah Cemetery
 Location Foxville, Md.

18. Funeral director M. L. Creager & Son
 Address Thurmont, Md.

19. March 3, 1947
 (Date rec'd by registrar) Blanche S. Eyles
H. A. Wolfe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1947 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 17, 1946 to March 1, 1947
 and that I last saw him alive on January 28, 1947

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

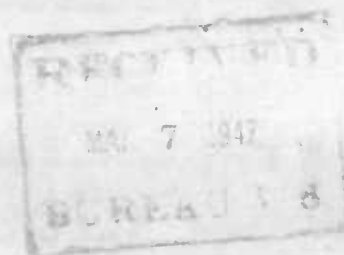
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE M. Franklin Birch

Address Thurmont, Md. Date signed Mar. 3, 1947



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

CERTIFICATE OF DEATH

02864

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 37 years
Hospital, institution, or street address where death occurred:
3 East Second St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3 East Second Street
(If rural, give LOCATION)
2.(a) If veteran, name war World War I

3. (a) FULL NAME

EARL EDWIN ZEIGLER

3. (b) Social Security Number

212-05-0809

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced
6. (b) Name of husband or wife Grace M. Zimmerman
6. (c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) January 13, 1891
8. AGE: Years 56 Months 2 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Bovis, Montgomery County, Maryland
(Town, county, and state)

10. Usual occupation Retired Telephone Co. employee

11. Industry or business

12. Name George A. Zeigler

13. Birthplace Mechanicsburg District, Pa.

14. Maiden name Clara Kurtz

15. Birthplace Mechanicsburg District, Pa.

16. Informant Mrs. Earl E. Zeigler

Address Frederick, Maryland

17. Burial Date thereof March 17, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

19. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 15 March 1947 Elizabeth G. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 19 47 at 6:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 19 45 to March 14 19 47
and that I last saw him alive on March 14 19 47

Immediate cause of death _____

Cerebral Hemorrhage DURATION 3 days

Due to _____

Due to Arteriosclerosis

Other conditions Chronic Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations none

_____ Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. A. O'Connell, M.D. M. D. or other

Address Frederick, Md Date signed 3/15/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAR 18 1947

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1-35